

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90002 048 ****61.25



DOCUMENT # N00000004381

1. Entity Name
CLORETHA JAMES MINISTRIES, INC.

Principal Place of Business: 820 S PARK AVE, WINTER GARDEN FL 34787
 Mailing Address: 820 S PARK AVE, WINTER GARDEN FL 34787

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-3671375** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
JAMES, CLORETHA
17301 AUTUMN PINE CT
CLERMONT-FL- 34711

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)



1st MOORE CR2E037 (10/04)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: JAMES, CLORETHA STREET ADDRESS: 8127 VILLAGE GREEN RD. CITY-ST-ZIP: ORLANDO FL 32818	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: JAMES, NORMAN J STREET ADDRESS: 17301 AUTUMN PINE CT CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: JAMES, CLEON A STREET ADDRESS: 17301 AUTUMN PINES CT CITY-ST-ZIP: CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: JANICE MIKE STREET ADDRESS: 157 STATE ROAD 545 CITY-ST-ZIP: WINTER GARDEN FLA 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: MITCHELL, WILLIE MAE STREET ADDRESS: 2910 SPRINGHILL RD CITY-ST-ZIP: ORLANDO FL 32808	<input type="checkbox"/> Delete	TITLE: T NAME: Mitchell, Willie Mae STREET ADDRESS: 810 S. PARK AVE CITY-ST-ZIP: WINTER GARDEN FLA 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clorella James* **3/22/05** (407) 877-9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #